



C014CIP/DIV1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#7
11/11/00

Examiner : Phillip Gambel
Group : 1644
Applicants : Michael J. Yellin et al.
Serial No. : 09/343,001
Filed : June 29, 1999
For : THERAPEUTIC APPLICATIONS FOR THE ANTI-T-BAM
(CD40-L) MONOCLONAL ANTIBODY 5C8 IN THE
TREATMENT OF CHRONIC INFLAMMATORY DISEASE

New York, New York
October 30, 2000

Hon. Assistant Commissioner
for Patents
Washington, D.C. 20231

REQUEST TO DIRECT CORRESPONDENCE

Sir:

Applicants transmit herewith a copy of an Associate Power of Attorney as filed in the parent application Serial No. 08/566,258. As set forth in the Associate Power of Attorney, please direct all correspondence in the present application to:

James F. Haley, Jr. Esq.
c/o Fish & Neave
1251 Avenue of the Americas
New York, New York 10020
Tel.: (212) 596-9000
Fax: (212) 596-9090

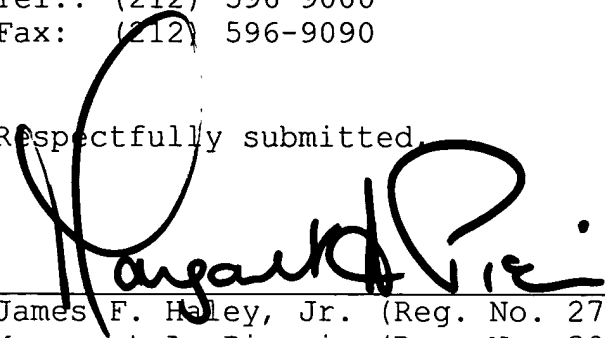
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TECH CENTER 1600/2230



Respectfully submitted,


James F. Haley, Jr. (Reg. No. 27,794)
Margaret A. Pierri (Reg. No. 30,709)
Attorney for Applicants
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I Heroby Certify that this
Correspondence is being
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Addressed to: ASSISTANT
COMMISSIONER FOR
PATENTS
WASHINGTON, D.C. 20231 on

October 30, 2000
Lori N. Scott

Lori N. Scott
Signature of Person Signing



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TRANSMITTAL LETTER

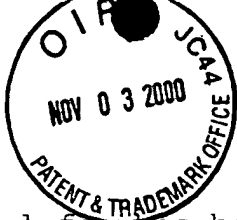
Sir:

Transmitted herewith: [] a Second Preliminary Amendment and Response; [] Response and Request To Use Computer Readable Form From Another Application and Exhibit A - Sequence Listing; [X] Associate Power of Attorney and Request to Direct Correspondence [] a Petition For Extension of Time (in duplicate); [] formal drawings; to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

[X] A fee for additional claims is not required.

[] A fee for additional claims is required.



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The additional fee has been calculated as shown below:

CLAIMS		HIGHEST	PRESENT		TECH CENTER 1600/2900	
REMAINING	AFTER	NUMBER	EXTRA	RATE	ADDITIONAL	FEEES
AMENDMENT		PREVIOUSLY				
		PAID FOR				
TOTAL CLAIMS		-	*	=	X \$18 =	\$
INDEPENDENT CLAIMS		-	**	=	X \$78 =	\$
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$260 =	\$

* If less than 20, insert 20.

TOTAL \$_____

** If less than 3, insert 3.

[] A check in the amount of \$_____ in payment of the filing fee is transmitted herewith.

[X] The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16 or 1.17, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.

[] Please charge \$_____ to Deposit Account No. 06-1075 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

I hereby certify that this communication is being deposited with the U.S. Postal Service as First Class Mail in an Envelope addressed to: ASSISTANT COMMISSIONER FOR PENDING WASHINGTON, D.C. 20231 on

October 30, 2000
Lori N. Scott

Lori N. Scott
Signature of Person Signing

Margaret A. Pierri
James F. Haley, Jr. (Reg. No. 27,794)
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